



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation _____

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- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 16258		2. Exact name of the Corporation Heavenly Soles, Inc.					
3. Principal Office Address 131 Swinburne Row			City Newport	State RI	Zip 02840		
4. NAICS Code 448210		6. Brief description of the character of business conducted in Rhode Island Retail footwear and accessories					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Jessica Leporacci			Vice-President Name Adam Stadel				
Street Address 131 Swinburne Row			Street Address 131 Swinburne Row				
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840		
Secretary Name Adam Stadel			Treasurer Name Jessica Leporacci				
Street Address 131 Swinburne Row			Street Address 131 Swinburne Row				
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name Jessica Leporacci			Director Name Adam Stadel				
Street Address 131 Swinburne Row			Street Address 131 Swinburne Row				
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized					10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.					NUMBER OF SHARES	CLASS/SLR/LS	PAR VALUE
					50	Common	no par value
					50	Common	no par value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.							
Name of Authorized Representative Adam Stadel					Date 11/16/2023		
Signature of Authorized Representative 					FILED 11/28/23		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov

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FORM 630- Revised: 04/2023